



Bib Data Sheet


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<b>SERIAL NUMBER</b> 09/491,459	<b>FILING DATE</b> 01/26/2000 <b>RULE</b> —	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2766	<b>ATTORNEY DOCKET NO.</b> 060531.P002
<b>APPLICANTS</b> Peter M. Kilcommons, San Francisco, CA ; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/120,823 02/19/1999 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 04/02/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> Tarek N Fahmi Blakely Sokoloff taylor & Zafman LLP 12400 Wilshire Boulevard Seventh Floor Los Angeles ,CA 90025-1026				
<b>TITLE</b> Secure network system and method for transfer of medical information				
<b>FILING FEE RECEIVED</b> 789	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	